

Fill in this information to identify your case:

Debtor 1	Clovies		Johnson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern	District of	Pennsylvania
Case number (if known)	24-12212		

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Ford Motor Credit Company, LLC Describe the property that secures the claim: 2019 Lincoln Navigator Creditor's Name: c/o AIS Portfolio S 4515 N Santa Fe Ave Dept APS Number: 4515 Street: N Santa Fe Ave Oklahoma City, OK 73118-7901 City: Oklahoma City State: OK ZIP Code: 73118-7901 Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 10/1/2022 Last 4 digits of account number 9 1 4 8 Add the dollar value of your entries in Column A on this page. Write that number here: \$64,966.58	\$64,966.58	\$37,477.00	\$27,489.58

Debtor 1

Clovies

Johnson

Case number (if known) **24-12212**

First Name

Middle Name

Last Name

Part 1:		Column A	Column B	Column C	
Additional Page		Amount of claim	Value of collateral that supports this claim	Unsecured portion	
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Do not deduct the value of collateral.		If any	
2.2	Navy FCU Creditor's Name Attn: Bankruptcy PO Box 3000 Number Street Merrified, VA 22119 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>5/1/2021</u>	Describe the property that secures the claim: 2014 Harley-Davidson Street Glide As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u>Money Loaned</u>	\$9,841.77	\$9,895.00	\$0.00
2.3	Navy FCU Creditor's Name Attn: Bankruptcy PO Box 3000 Number Street Merrified, VA 22119 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: Secured Funds (Navy FCU) As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Share Pledge Loan</u>	\$1,587.28	\$1,542.00	\$45.28
Add the dollar value of your entries in Column A on this page. Write that number here:		\$11,429.05			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$76,395.63			

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Debtor 1	<u>Clovies</u>	<u>Johnson</u>
	First Name	Middle Name Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>
	First Name	Middle Name Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Pennsylvania</u>	
Case number (if known)	<u>24-12212</u>	

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Clovies Johnson
Clovies Johnson, Debtor 1

Date 09/23/2024
MM/ DD/ YYYY